KATIVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

REPORT OF ACTIVITIES - 1985-1986

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INTRODUCTION

The territory over which the Kativik Regional Board of Health and Social Services (Kativik-CRSSS) has jurisdiction is an immense region. Region 10A is located north of the 55th parallel and contains twelve municipalities and two communities for which the Kativik Regional Government (KRG) acts as municipal council since they have not yet been erected as municipalities. These communities are Povungnituk and Umiujaq. The population served by the Kativik-CRSSS is progressively growing and now totals approximatively 6000 inhabitants.

Massive changes have taken place in the last thirty years, especially since the signing of the James Bay and Northern Quebec Agreement. One of those massive changes was the organization of health and social services, which had not been planned when the Agreement was signed. The majority of the different administrative structures were basically transferred to the Kativik-CRSSS.

In the past six years, the Kativik-CRSSS has hardly had the time to get organized, since it chose to concentrate its efforts on attending various meetings related to health.

In mid-1985, the CRSSS produced a three-year organization plan. We are now beginning the first year of the plan and, hopefully, the next two years will not be delayed. We will assume full responsibility by the third year of the plan. At the outset of the present general manager's mandate most responsibilities were distributed among the involved establishments.

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The population's and the various ministries' expectations seem to be very high, but this is to be expected.

Since our team is very strong and competent, we are confident that we will be able to design a strategy that will respect our organization plan. We expect the co-operation of the communities and of the other establishments involved to help us reach our common goal: a better organization of the delivery of health and social services in region 10A.

MANDATE

The purpose of a regional board of health and social services is to help improve the state of health of the population within its territory by ensuring that the social and health resources offered to the people are accessible, continuous, effective and adapted to their needs. To attain this goal, a regional board of health and social services should be a body devoted to participation, planning, research, programming and co-ordination.

A regional board of health and social services must carry out the functions described in the Act Respecting Health Services and Social Services (R.S.Q., chapter S-5).

The health network in region 10A consists of two hospitals and social services centres, the Hudson Bay Hospital Centre (CH-CSS) and the Ungava Bay Hospital (CH-CSS) and one community health department (DSC) at the Laval University Hospital Centre (CHUL).

The General Manager who is a member of the Board of Directors at the Hudson Bay Hospital Centre and Ungava Bay Hospital in conformity with the Act Respecting Health Services and Social Services R.S.Q., chapter S-5) attended all the Ungava Bay Hospital's Board of Directors meetings but due to conflicting schedules, she could not attend to more than two Hudson Bay Hospital Centre's Board of Directors meetings.

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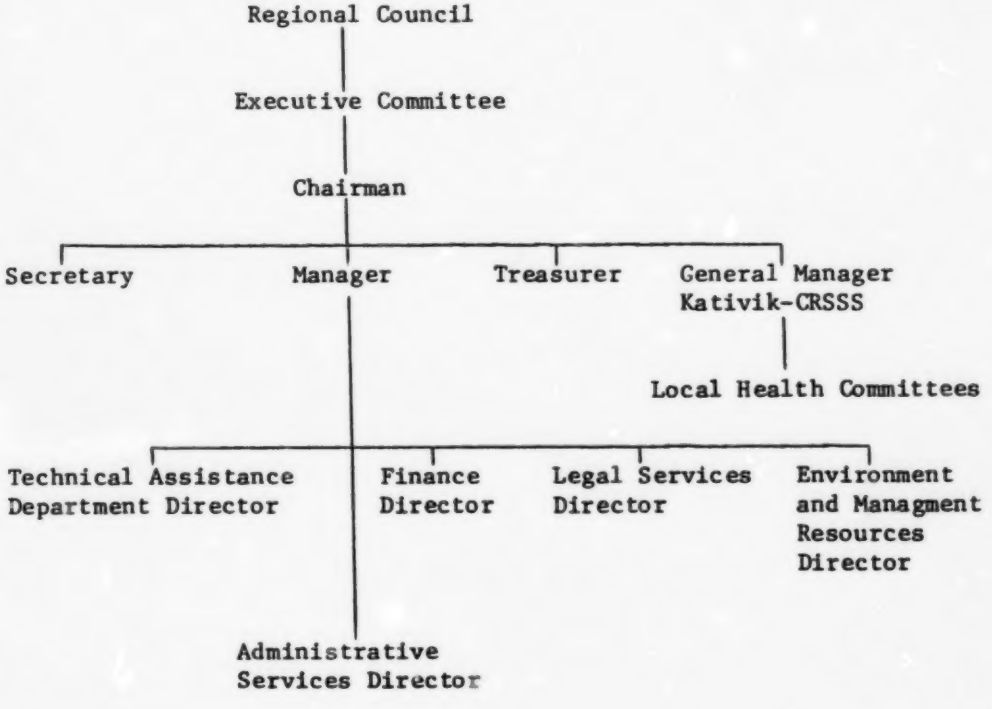
ADMINISTRATIVE STRUCTURES

The administrative structure of the Kativik-CRSSS is set forth in the James Bay and Northern Quebec Agreement. All its rights, powers, privileges and obligations are exercised by a Regional Council whose members are the same as those on the Kativik Regional's Council.



The Regional Council of the Kativik-CRSSS is composed of representatives elected by the population of each municipality governed by the Act Respecting Northern Villages and the Kativik Regional Government.

In 1985-1986, the Regional Council consisted of the following members:

- Simeonie Nalukturuk	Chairman
- Daniel Nulookie	Inukjuak
- Pauloosie Nappartuq	Kuujjuarapik
- Josepie Qaqutuk	Akulivik
- Uniurtitaq Ainalik	Ivujivik
- Paul Putulik Alaku	Salluit
- Joseph Keleutak	Kangiqsujuaq
- David Ovvout	Quaqtaq
- Adamie Toomasie	Kangirsuk
- Charlie Shequaluk	Aupaluk
- Johnny Cain	Tasiujaq
- Tikile Kleist	Kuujjuaq
- Kitty Annanack	Kangiqsualujjuaq
- Lizzie Epoo-York	General Manager-CRSSS
- Willie Makiuk	General Manager-KRG
- Hani Ackad	Treasurer
- Bridget Kleist	Secretary

The Executive Committee was composed of:

- Simeonie Nalukturuk	Chairman
- Joseph Keleutak	Vice-Chairman and Deputy Speaker
- Paul Putulik Alaku	Speaker
- Adamie Toomasie	Member
- Pauloosie Nappartuk	Member
- Lizzie Epoo-York	General Manager-CRSSS
- Willie Makiuk	General Manager-KRG
- Hani Ackad	Treasurer
- Bridget Kleist	Secretary

At the beginning of the 1985-1986 fiscal year, the Kativik-CRSSS had a staff of three:

- Lizzie Epoo-York	General Manager
- Suzanne Morency	Assistant General Manager
- Peter Abraham	Information Officer

Following the organization plan, which was not completed until June 1985 and which was approved by the Regional Council at the end of June 1985, we encountered difficulties hiring new employees and the process was completed in December 1985.

Therefore, an Assistant General Manager, Mrs. Mary Simon, was hired in January 1986 and a Research Adviser, Mr. Bernard Lamothe, was hired in February 1986.

At the end of the 1985-1986 fiscal year, the Kativik-CRSSS employed the following people:

- Lizzie Epoo-York	General Manager
- Mary Simon	Assistant General Manager
- Peter Abraham	Information Officer
- Bernard Lamothe	Research Adviser
- Louise Gordon	Secretary

CO-ORDINATING COMMITTEE

The Co-ordinating Committee, whose mandate is to promote the co-ordination of the work performed by all the participants in the social affairs network, consists of the General Manager of the CRSSS or a designated proxy, the head of the Service du Nouveau-Québec or a designated proxy, the General Managers of the Hudson Bay Hospital Centre and the Ungava Bay Hospital, and the Co-ordinator of the DSC or a designated proxy.

This Committee met twice in 1985-1986. Because all the participants were new, the first meeting was held in January 1986. It was then agreed that the language of communications between the participants would be English. It was also agreed that a study concerning the centralization of patient services in Montréal would be conducted by the Projet Nord and the Module du Nord québécois.

At the second meeting, held in March 1986, the Committee learned there was no official contract between the Community Health Department (DSC-CHUL) and the Kativik-CRSSS concerning patient services. Consequently, the Kativik-CRSSS will draft a contract to be signed between the parties.

Furthermore, it was agreed that the Projet Nord would be commissioned for the study on the centralization of patient services in Montréal, since the Module du Nord québécois declined the invitation to work on this project.

LOCAL HEALTH COMMITTEES

This file was a priority in terms of having it recognized by the law. The General Manager and her Assistant studied the law and found that the Kativik-CRSSS had the powers to pass by-laws in its region. The Regional Council then passed a by-law restructuring Local Health Committees, and this by-law was to be applied to one community as pilot-project, so in February 1986, Kuujjuaq started following the by-law for one year. Following the experiences and recommendations of the Kuujjuaq Local Health Committee we hope to apply it to the rest of the communities.

For 1986-1987, we are also planning to set-up a training program for Local Health Committees. In 1987-1988, we hope to hire two Local Health Committee Co-ordinators who will work constantly with each community. Of course, this plan depends on the Treasury Board and the Ministry of Health and Social Services.

OTITIS AND HEARING PROGRAM

This program is recognized as a need among Inuit because of the prevalence of the chronic otitis. A project was done by Projet Nord in collaboration with Kativik School Board and McGill University. The Hudson Bay Hospital Centre and Ungava Bay Hospital each hired one trainee to work with the nursing stations. The implementation of this program will begin in 1986-1987.

TRANSIT HOUSE

This transit house located in Lachine opened in February 1985 and is an important step towards improving lodging conditions for patients travelling in the South. Considering the success we had with this project, the Kativik-CRSSS is considering leasing a second house for the beginning of 1987.

CENSUS 1986

In 1986, the national census was taken and the Kativik-CRSSS was given an official mandate to conduct the census of Northern Quebec. Several meetings were held with authorities from Statistics Canada and the CRSSS in order to plan the census of Northern Quebec. A number of recommendations were made to Statistics Canada. One of these was to take the census in the spring, since most of the population would be at the summer camp in June.

This recommendations was followed and the census took place in March 1986 under the supervision of the Kativik-CRSSS.

TRAINING OF NATIVE PERSONNEL

Discussions took place with both establishments about the need for training for Inuit employees. The hospitals were supposed to make written proposals on this question. The CRSSS believes that more emphasis should be placed on training Inuit already employed by health organizations in Northern Quebec. Very little has been done in this area and steps should be taken in this direction with the goodwill of all the organizations involved.

The Nursing Course

This course was designed to train Inuit in order to satisfy a need in the health delivery system in Northern Quebec. Many groups worked on this file since its inception in 1979, and they have formulated the following recommendation: the course will be given to a group of fifteen Inuit and Cree. The Kativik-CRSSS believes this working group should take into consideration the Inuit population's growth rate and the upgrading of the participants. Altogether, the working group's expectations are too high due to misunderstanding of the conditions prevailing in Northern Quebec.

MEDICAL DICTIONARY ON ANATOMY AND BODY PARTS

This workbook is designed as a working tool for interpreters to help them in their day-to-day work and to improve their relation with patients and professionals. This book will become an important part of the course which will be given to the interpreters and will also be usefull for future trainees in the field of health. It will be used by Kativik School Board in the schools in Northern Quebec.

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National Native Drug and Alcohol Abuse Program (NNADAP)

In August 1985, the General Manager of the CRSSS and a member of the Regional Council attended a meeting on the program. Following demands made by the NNADAP Regional Committee they concluded there should be a study made on the program for Northern Quebec.

The contract was given to Nortext Information Design Ltd. and the study should be completed in October 1986.